

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
STANDARD CERTIFICATE OF DEATH

38514
State File No. 9784
Registrar's No.

FILED NOV 19 1948

Registration District No. 318

Primary Registration District No. 1005

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos
(Specify whether
In this community 26 yrs
years, months or days)

3. (a) PRINT FULL NAME Jordan Patterson
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced, or single Usingled
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased January 13, 1922
(Month) (Day) (Year)

8. AGE: Years 26 Months 10 Days 22
If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation porter
11. Industry or business none

MOTHER FATHER
12. Name Ray Patterson
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Harris
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Bell Hudson
(b) Address 3331 Delmar Blvd.

17. (a) Burial (b) Date thereof 11-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation OAKDALE

18. (a) Signature of funeral director Arthur Dailer
(b) Address 3506
19. (a) NOV 10 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3331 a Delmar
21 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov, day 5
year 1948 hour 1 minute 35 p. m.
21. I hereby certify that I attended the deceased from
Aug. 11, 1948 to Nov. 5, 1948
that I last saw him alive on November 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchiectasis
Pulmonary Tuberculosis
Due to
Due to
Other conditions Cerebral Dysrhythmia
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy Yes
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury
23. Signature Herbert J. Brown (M. D. or other)
Address 2801 N Whittier Date signed 11/18/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

.....
working under my personal supervision.

Signed.....

James H. Hall

Licensed Embalmer No..... *H.H.H.*

P. O. Address..... *2829 Washington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.